



HAND IN HAND

INTEGRATING YOUNG CHILDREN
IN NEED OF SUBSTANTIAL SPECIAL EDUCATION SUPPORTS



MASSACHUSETTS DEPARTMENT OF EDUCATION
DIVISION OF SCHOOL PROGRAMS
BUREAU OF EARLY CHILDHOOD PROGRAMS

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A supplement to this paper, Resources for Integrating Young Children With Special Needs, lists recent articles and publications, audio-visual and curriculum materials of interest to practitioners and parents, and agencies and organizations related to specific special needs. Copies of this resource list are available through the Department of Education's Service Delivery Centers, listed in Appendix F.

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TABLE OF CONTENTS

FOREWORD	I
INTRODUCTION	1
I. PLANNING FOR INTEGRATION	1
II. CLASSROOM & CURRICULUM DESIGN	7
III. PROGRAM EVALUATION	13
CONCLUSION	15
AFTERWORD	17
REFERENCES	19
APPENDIX A	21
CONSIDERATIONS IN PLANNING FOR ASSESSMENT	
APPENDIX B	23
CHECKLIST FOR DEVELOPMENTALLY APPROPRIATE INTEGRATED SETTINGS	
APPENDIX C	27
SUGGESTIONS TO FACILITATE USE OF AUGMENTATIVE COMMUNICATION AIDS	
APPENDIX D	29
SPECIAL TECHNOLOGY RESOURCES	
APPENDIX E	31
PROGRAM EVALUATION DOCUMENTATION	
APPENDIX F	33
ORGANIZATIONS AND AGENCIES	

FOREWORD

The mission of the Bureau of Early Childhood Programs of the Massachusetts Department of Education focuses on three objectives: quality, parent involvement and interagency collaboration. The Bureau believes that quality programs include a rich mixture of children representative of their community, including children with and without special needs and from diverse cultural, economic and linguistic backgrounds. The Bureau is committed to exploring, developing and disseminating effective mechanisms for home-school collaboration, and to working with other agencies in the Commonwealth to build a system of comprehensive services for young children and their families.

The role of Department staff is to support and assist communities in strengthening and expanding the availability of high quality of early childhood programs and services for young children and their families. Early childhood specialists may be contacted through the offices of the Massachusetts Department of Education listed in Appendix F of this paper.

With funding targeted to the development and maintenance of integrated programs for young children through special education allocation grants, the percentage of young children with special needs served in integrated programs in Massachusetts has increased significantly in the past three years.

The purpose of this paper is to support early childhood teachers, special education teachers, therapists and administrators as they work to integrate young children in need of substantial special education supports into classrooms with their peers.

INTRODUCTION

"I am glad I attended regular schools.....sending a disabled child to a regular school is good for the child, for the others in his class and, indirectly for disabled people as a whole. It is the goal of many people to someday see persons with disabilities fully integrated into society. What better and more necessary place to start than in the schools? "

Lisa Blumberg, an adult with special needs (1981)

There are many interpretations of the term "integration". For the purposes of this paper, integration shall refer to the process of including children in need of substantial special education supports in programs with their peers without special needs. This may include children with special health care needs which may be physical or emotional. Children in need of substantial special education supports require more than minimal adaptation of curriculum and the classroom environment. Some added problem-solving by the teaching team may be required to meet the needs of these children, and extra equipment and teamwork may be required for them to be educated with their peers. Including special services in the integrated program is also part of integration. Adapting regular classrooms in order to provide equal educational opportunities is an important first step if children with special needs are to adapt to the real world, and the world to them.

I. PLANNING FOR INTEGRATION

"Like a work of art, the creation of a setting requires of a group that it formulate and confront the task of how to deal with and change reality in ways that foster a shared sense of knowing and changing....there is no good alternative to trying and learning. It treasures feeling and reveres reflection....it knows that there is always a tension between the two from which something new may emerge." (Sarason, 1984)

It is assumed that children in need of substantial education supports have gone through an initial screening process through which they have been identified as requiring additional assessment. The process of integration begins with assessment, but prior to assessment, a planning team must be assembled to work with the family in evaluating and working toward meeting the child's individual needs.

The Integration Team

Successful integration requires collaboration and cooperation among parents and teachers, therapists and administrators in regular and special education. Teamwork with professionals from other backgrounds can broaden the perspective of all those involved. Integration can be as rewarding for professionals as it is for children. Much as the children in an integrated program learn from each other, collaborating adults (professionals and parents) developing integrated programs learn from each other. The composition of the planning team should be determined by the individual needs of the child. A child in need of substantial special education supports may have problems that are multifaceted, and may require the expertise of several professionals.

At a minimum, the team will include teacher(s), parent(s), administrator(s) and the following (as needed): speech pathologist, occupational and/or physical therapist, vision specialist, doctor, nurse and psychologist. The team may also include a mobility specialist, augmentative communication specialist, technology specialist and/or adaptive environment specialist. A social worker or family therapist may also be an integral member of the planning team.

If the child spends time in a number of placements, staff members from different agencies may also be an important part of the planning team. For example, if the child attends a day care center for part of the day, input from the staff of the day care program is vital. Staff and team members will need to negotiate an agreement on the kind of team approach to be used. Roles and responsibilities, both individually and as a team, should be carefully delineated to avoid duplication or gaps in service to the child as well as misunderstanding among team members.

Service delivery for children with special needs has evolved through several approaches, the first being a **multidisciplinary** approach, in which therapists plan and administer their own specialized therapies individually. While this approach ensures that children receive a measurable amount of services, it often requires pulling children out of the classroom setting for extended periods of time, resulting in a fragmented educational experience and limiting children's opportunities for developing social relationships with classmates. In a multidisciplinary approach it is difficult to coordinate therapies with each other or with the overall educational experience since each discipline is responsible for planning and implementing objectives related to their specialty.

Another method of coordinating services for children with special needs is through an **interdisciplinary** approach, in which team members jointly plan services, but deliver them separately. Regular and frequent team meetings are required to discuss children's progress as well as methodology. Heavy case loads or multiple demands on team members which restrict time availability for meetings may impede this approach. Another problem can be individual team members becoming overly protective of their own professional "turf". These obstacles can be avoided or overcome by planning structured time for team building and information sharing.

A third solution to the problem of fragmented service delivery is the **transdisciplinary** approach in which team members educate one another and all team members practice the skills of various disciplines. This enables each member of the team to work with the "whole child" rather than approaching a child's separate needs in a fragmented fashion. This approach also provides children with more "practice" with individual skills since they are incorporated into regular classroom activities. Teams often progress along a continuum of increasing knowledge and experience as they move toward a transdisciplinary approach. A sense of mutual trust and respect for professional competency are critical elements in the success of any teamwork.

Teams can only be effective if they are provided with sufficient time for planning and ongoing sharing of information, as well as adequate technical assistance. For this reason, administrators need to be actively involved in integration from the earliest stages of planning through the final steps of providing personnel, planning time, and fiscal resources.

Systemwide integration requires effective leadership from administrators at a variety of levels. The process of integration can be facilitated by the following strategies:

- The school board and superintendent can influence the quality and types of programs available by articulating district goals, by allocating resources and by influencing regular educators.
- The integration of services needs to be planned jointly by central office and building based teams, and include union representatives.
- Integration will not be successful unless key individuals from regular and special education are involved in developing new organizational structures.
- Community leaders, parents, professionals and advocacy groups need to be involved.
- A system for monitoring the effectiveness of all changes should be developed.
(The above information was adapted from McDonnell & Hardman, 1989)

The Family:

"[Parents] see temperament rather than a wheel chair. They see humor rather than the problem behavior. They see interaction between two brothers rather than the lack of.....skill development. They see [the child] as fitting in and being a contributing member of their family"

Lisbeth Vincent, 1989

The family is a vital part of the integration team. The influence of the family in the child's life exceeds that of any of the other members of the integration team. It is therefore important to consider the family perspective separately.

Parents of children who need substantial special education supports have the same basic hopes for their child's future as every other parent. They want their children to experience a quality of life that is satisfying and fulfilling for them. In a study by Lisbeth Vincent (1989), parents of children with disabilities were asked what they wanted most for their children. The overriding goal cited by families was for their child to be happy and have friends. Another recurring theme was the hope that their child would be a respected part of their community. A third important hope was that their child could make a contribution to society, and have the sense of mastery that comes with contributing and not just taking.

Tempering the hope for an improved quality of life through placement in an integrated program are reservations and fears sometimes held by parents of children in need of substantial special education supports. If parents fear that their child may be rejected by children who do not have special needs, it may help to have them visit the setting and observe spontaneous interactions among children. Planning team and program staff may need to reassure parents that the quantity and quality of services will be sufficient to meet their child's needs. Parents may sometimes become more aware of their child's developmental delays through comparison with children who do not have delays, and staff should be prepared to help parents talk about their concerns.

Parents of children without special needs may also have concerns about integration, fearing that their own child will not get sufficient attention due to time demands by children who have special needs, or that their child may imitate negative behavior of children who have special needs. Research by Peck et al. (1978) indicated that imitation of negative behaviors seldom occurs. The fears and concerns of parents may be alleviated through involving parents in their child's program.

"It seems so right being a volunteer tutor at Aaron's school, being an active participant in his schooling, finally having a voice.....because it's an issue of quality education for all children, really. Why do I want Aaron to be in regular education? Because he'll know how to be in the world with people, not apart from it.....He will not walk or talk [just] because he's around typical kids, but he's learning to take risks and try some physical tasks he's never done before. To see the delight he gets out of various activities he has never done before is truly inspiring. To me, the most important thing Aaron can learn is to be a participating and valued member of society."

Linda Brown (1989)

There are many potential benefits to be gained by parents as a result of their child's placement in an integrated program. They can develop a greater understanding of normal or typical behavior and development and gain awareness about alternative ways of dealing with various behaviors. Through observing the behavior and activities of typical children, parents can learn to encourage their child to engage in age-appropriate activities.

Parent Involvement may be encouraged by having parents participate on advisory councils and parent support groups, PTA/PTO or other community planning groups. Such groups help to foster communication between staff and families as well as among parents.

Some parents may wish to be actively involved in classroom activities. Parents feel welcome in programs that have an open-door policy, which extend an invitation to parents to stop in to their child's classroom at any time. Parent conferences and IEP meetings should be scheduled at a variety of times and places to make them more accessible to parents. Special education law requires IEP meetings be scheduled at a mutually agreed on time and place.

It is helpful for the family to have a single consistent contact person available when they have questions or need support. An open dialogue between staff and parents can be encouraged through phone calls or an ongoing notebook sent back and forth between school and home. Visits to the child's home can help educators to understand the child's home life and to discuss issues in an environment that is comfortable for the family. Newsletters sent home on a regular basis help to keep families informed about events and classroom activities. Communications should be sensitive to cultural and language differences. Cultural differences may influence ways in which family members relate with each other and with the educational setting and may affect discipline, child behavior and the family's expectations for children.

A social worker may be able to assist parents in accessing services such as additional therapies, medical/dental or nutritional services, transportation to and from medical appointments, handicapped housing services, supplemental income and medical coverage for children with complex special needs, or home health and respite care.

The Information Center for Individuals with Disabilities (ICID), a clearinghouse for information on services for those with special needs, can be helpful to parents, teachers and administrators in providing information on agencies and organizations and on specific disabilities. The toll-free telephone number for the information center is (800) 462-5015.

"Resources for Integration of Young Children With Special Needs" is a resource list for parents and practitioners that includes resources for and about parents as well as lists of organizations in Massachusetts for supporting families of children with special needs. The list provides a broad overview of recent resources and publications in the field of integration in early childhood. For copies of this resource list contact a Department of Education Service Delivery Center. See Appendix F for a list of the offices of the Massachusetts Department of Education.

Assessing Children's Abilities and Planning for the I.E.P.

Assessment of children's strengths and needs is an important part of the integration process. Comprehensive assessment is vital in the development of an individualized education plan (I.E.P.) directed toward helping the child toward his or her fullest potential.

Observation can play an important role in the assessment of children. It can add to our understanding of children and provide important information not easily measured with standardized instruments (i.e., assessment of children's social interaction). Observation is philosophically appealing because it allows children to demonstrate what they can do in their natural classroom environment. Informal observation may include utilizing checklists, frequency counts, and anecdotal records and is extremely helpful for daily planning. While it would be inappropriate for teachers to write copiously while observing children, regular note-taking is helpful in documenting children's behavior, progress and needs. Goodwin (1980) says that the potential uses for observation methods in the early childhood classroom are almost limitless, and lists a number of resources to guide teachers of young children in the development and use of observational measurement.

Whenever possible, the assessment process should use a team approach. An "arena-style" format allows the parents and all members of the team to be present and participate in the assessment concurrently. It may be helpful to have a familiar person interact directly with the child and act as facilitator of the assessment to reduce the effect of different individuals observing or imposing demands on the child. The child should be comfortable and familiar with the environment in which the assessment is being conducted.

Diagnostic placements, in which children are placed in a classroom for up to 8 weeks, are sometimes recommended to assess young children with special needs, however there is disagreement about whether this represents a natural environment. Some professionals have expressed the concern that diagnostic placements may actually be disruptive to the child since they are temporary in nature. It is best to have the assessment carried out in a normal and familiar environment (eg., the child's regular classroom or early intervention center, playground, home, etc.) rather than a clinical setting where everything is strange and new.

Skill development should be evaluated with a focus on the function of the skill rather than the form (for example, fine motor skills should be assessed while the child performs a familiar task with familiar materials). The assessment process should include information from the child's parents. See Appendix A for a list of further considerations in planning for assessment.

The Individualized Education Plan (I.E.P.):

I.E.P.s (referred to as an Individualized Family Service Plan or IFSP in early intervention programs) are sometimes written from a deficit model, focusing on the child's weaknesses instead of the child's strengths. In most early childhood programs, progress reports and individual plans generally emphasize the whole child and include physical, emotional, social and cognitive development. In order that the educational experience be as normal as possible, IEPs for young children in need of substantial special education supports in integrated programs should not be oriented to skill-acquisition to the exclusion of other areas of the child's development.

Teachers and administrators should examine individualized educational plans in integrated early childhood programs for the inclusion of:

- Age appropriate skills and normalized instructional strategies;
- Goals that reflect attainment of behaviors and skills within the context of meaningful routines rather than training for discrete skill development (i.e. stating the goal to be for the child to "increase eye contact during social interaction with peers" rather than "maintain eye contact for ____ seconds"; or "when interacting with his/her non-disabled peers in the kindergarten classroom, John/Mary will look at the speaker and greet and/or respond to greetings, etc.). Recognizing that schools often demand that goals for skills and behaviors be expressed in measurable terms, it is recommended that this practice of measurable goals be carefully reexamined with regard to the value of the goal to the child's overall development;
- Goals to have children maintain and/or generalize behavior and skills over time and to other areas of activity or development;
- Social interaction goals;
- Goals for carryover to the home and other non-school settings which provide support for home reinforcement;
- A procedure for monitoring the IEP on an ongoing basis as the child progresses. Because young children change rapidly, the IEP must be updated and modified as the child's needs and skills change.

II. CLASSROOM & CURRICULUM DESIGN

Several children were playing in the housekeeping area. Scott, an able five year old, and Laurie, a four year old with complex physical needs and no speech, emerged from the "house". Laurie's athetoid cerebral palsy made her arms flail wildly about as she careened awkwardly toward the teacher. Scott was wearing a man's jacket and hat. Laurie was also wearing a hat, and trying very hard to hang onto a handbag. The handbag swung to and fro, barely missing hitting Scott. As they approached the teacher, the bag flew out of Laurie's grasp. Scott quickly retrieved it, helped Laurie get hold of it again, as he quietly told the teacher, "That's my wife - she's always losing something!"

Classroom Design

Exemplary early childhood programs allow children to explore their environment and actively participate in learning activities. In many important ways, the early childhood classroom environment is the curriculum. Early childhood classrooms are designed with interest centers which display materials that invite children's choice and stimulate interaction between children.

In planning for any early childhood classroom, the team must first consider the quality of this environment as a "learning tool". Does the arrangement in interest centers provide an order to the various materials? Are the materials arranged so that they are easily accessible? Do the materials look inviting to the children?

The primary goal in designing the classroom should be for each child to have optimum independence and freedom to explore, and learn to master his/her environment. In planning for integration of children with special needs, the team must carefully consider the individual needs of the children in the program and ways in which the classroom environment (space, room arrangement and equipment) may need to be adapted to accommodate a variety of special abilities and needs. Usually, few adaptations are needed in the early childhood classroom. For example, children's wheelchairs usually fit through existing doorways and into existing bathrooms with no modifications, so the need for physical adaptation of the classroom is seldom a barrier to integration.

Teachers will want to consider any adaptive equipment or room changes which may be required to meet the needs of the children in their classroom, such as a changing area for diapering, special chairs, standing tables, any special requirements for feeding, toileting, etc. Teachers also need to agree upon roles and responsibilities for different parts of the daily routine and caring for individual children as well as for overall group management. Elements of classroom design and scheduling should be planned in advance. For example, if a child needs a prone stander, interest centers should be arranged so that the child may be positioned in a way that encourages interaction with classmates.

An early childhood classroom is continually evolving. As children grow and learn new skills, the classroom must be evaluated to determine if new materials or new interest centers are working effectively. A good way to assess the effectiveness of the classroom environment is for team members to observe how children use the classroom. The team should also take into consideration how they will help children to become increasingly independent and gain skills in taking care of themselves.

Curriculum Design

"The most normal and competent child encounters what seem like insurmountable problems in living. But by playing them out, in the way he chooses, he may become able to cope with them in a step-by-step process. Besides being a means of coping with past and present concerns, play is the child's most useful tool for preparing himself for the future Play teaches the child, without his being aware of it, the habits most needed for intellectual growth. Perseverance is easily acquired around enjoyable activities such as chosen play. But if it has not become a habit through what is enjoyable, it is not likely to become one through an endeavor like schoolwork Fascinated by the challenge of building a tower, he gradually learns that even if he doesn't succeed immediately, success can be his if he perseveres." (Bettelheim, 1987.)

Integrated settings offer children a rich source of age-appropriate peer models as well as a wide scope of developmental challenges (Friedman & Radford, 1989). Since a developmentally-based preschool curriculum is compatible with the goals of social integration, there are usually few modifications that have to be made to a developmentally appropriate curriculum to integrate children with special needs, and those that do are relatively minor.

The early childhood program should include individual, small group and some large group activities, some self-directed activities, and some which are cooperative. Open-ended activities which can have multiple outcomes, rather than a single or fixed outcome, can help all children experience success. Learning for young children needs to be active and **engaging**. Children need opportunities to **master** physical and cognitive tasks, to interact socially with other children and adults and to develop creative outlets through art, music and imagination. Preschool children learn about the world around them through contacts with the physical environment, through the direct experience of changing and transforming real objects, by manipulating symbols, using language and by "trying on" a variety of roles. It is also important to include chronological age-appropriate curricula in order to recognize the child as a whole person beyond his/her special needs.

Planning for children's play is the most important element in program planning for young children. Play is a young child's work, and helps the child learn to operate in the world. Most of what children learn during the preschool years is assimilated through their play experiences with peers. Within the school environment, play helps to develop social, emotional, cognitive, language and motor skills (Garvey, 1977). Play, both independently and with peers, is necessary for the development of self-awareness, a sense of competence and a positive self concept. The most meaningful play allows children to participate in a wide range of experiences.

Teachers who work with young children (with and without special needs) must be observers and facilitators of children's play. Through careful observation, teachers learn when it is appropriate to offer additional materials or to interject commentary which can move play to a more challenging and/or more satisfying level. Incorporating the principles of developmentally appropriate play with intervention strategies and child-specific adaptations is one of the challenges facing those who work with young children in need of substantial special education supports.

The challenge is to avoid getting caught up in remediating disabilities to the extent of losing sight of children's basic need for play. Children with special needs should take part in all aspects of preschool life - outdoor play and other gross motor activities, field trips, play activities, interest centers, group activities and in meal times with their peers.

All young children need opportunities to:

- Engage in dramatic and fantasy play and symbolize their understandings and impressions of the real world;
- Manipulate the environment and "transform things" through open-ended activities such as block building, woodworking, sand and water play, cooking, etc.;
- Develop pre-reading and math skills through the use of counting and matching materials, blocks, puzzles, storybooks and computers;
- Expand language and concepts of time through normal child-to-child and child-to-adult conversation in the context of play and daily routines;
- Engage in creative experiences through the use of art, music and drama and dance.

Special education methods can be easily incorporated into children's activities. Teachers can incorporate therapies and lessons into play. For example, an IEP objective might be to increase the amount of time the child is able to focus on a task; the teacher might first allow a child to experiment with materials, the teacher (or a non-disabled peer) might then model how to use the material in a variety of ways, with the teacher guiding as the child begins to use the materials independently. Gradually the teacher can move away, as the child learns to work independently. Staff must have broad expectations for children, keeping in mind that a child with severe language delays may excel in other areas like art or block building. Staff need to be aware of the unevenness of children's development and that their abilities in one area does not predetermine abilities in others.

The checklist in Appendix B may assist teachers in planning and revising curriculum and physical space for developmentally appropriate integrated programs and for designing environments to meet specific special needs.

For further information on preschool curriculum, it is recommended that programs utilize Developmentally Appropriate Practice (NAEYC, 1987). For further information on planning developmentally appropriate early childhood programs see Massachusetts Chapter 188 Early Childhood Standards (Massachusetts Department of Education, 1988) and Accreditation Criteria & Procedures of the National Academy of Early Childhood Programs (NAEYC, 1984).

Facilitating Social Interaction and Relationships

Mark, a three year old boy born without lower arms or hands, was painting without his prosthetic arms at an easel. As he deftly painted, his neighbor at the easel, Paul, watched him intently. After a while, Paul began to attempt holding his paintbrush with his elbows, and painting in a similar manner to Mark. He tried many times to pick up the paintbrush, and became increasingly exasperated with each unsuccessful attempt. Mark watched intently, coaxed and coached, and he too, became frustrated with Paul's unsuccessful attempts. After a time, Paul sighed and commented, "I guess I can't do it like you, Mark. My arms and hands keep getting in the way!"

Research has shown that significant benefits accrue in social, emotional and communication development when children in need of substantial special education supports are educated in settings with their peers (McLean & Odom, 1988). Social competence and adaptive behavior are important areas of learning because these abilities are essential in order to adjust to and live in society (Lazar et al., 1982). A study by Beckman & Kohl (1987) showed an increase in positive social interaction over time for children with special needs in an integrated setting.

A literature review by Odom & McEvoy (1988) suggests that teachers can help children learn to work together. Research by van den Pol (1985) suggests that techniques that encourage social interaction are helpful, and that staff can arrange the environment to enhance social interaction.

Early childhood programs provide an ideal context for young children to develop social skills. Preschool children progress through a continuum of development in their social relationships. Three year olds entering a preschool environment encounter a many new materials and playthings. Their play begins on a solitary level as they experiment and familiarize themselves with equipment and materials. As they develop, they move to parallel play, operating beside their classmates, but often without interacting. They gradually become active, contributing members of their group as they begin to cooperate and share ideas and materials. The concept of having a "friend" becomes increasingly important in the young child's experience. It is during the preschool years that children develop social skills, so it is critical that young children with special needs have an opportunity to develop social skills along with their peer group.

While many wonderful interactions occur without adult facilitation, staff must be aware of situations in which facilitation is needed. For example, a good deal of interaction between young children is non-verbal; the integration of a visually impaired child may require that a teacher explain what is happening by verbally interpreting facial expressions, gestures and activities of the other children, providing narration for the child who can't see what is going on. Less teacher intervention will be required as children take over the narrative role. It is important for staff to be sure that adult intervention does not interfere with the natural process of children's interactions.

Teachers must be attuned to children's attempts to interact with their peers and must be prepared to facilitate interactions. Interactions between children can be guided in a wide variety of curriculum areas, such as a creative movement session in which a teacher might need to provide guidance for students learning to dance if one student uses a wheelchair.

If children with special needs have difficulty communicating, their classmates may need to be taught the meaning of that child's gestures. For example, if a child who is non-verbal attempts to interact with a classmate by waving her arms at the other child, it could appear to be an aggressive act or it might make no sense to the other child. A teacher could facilitate interaction by explaining, "When Susie waves her arms at you, it could mean that she wants to play with you. Why don't you see if that's what she wants."

Adaptations can be made in early childhood classrooms to facilitate alternative communication through computer technology. Computers can be used as augmentative aids to verbal communication. The planning team should appraise which aid(s) will best serve the needs of the individual child. High-tech (electronic) aids are available as well as "low tech" systems, which may include hand-made manual communication boards. The choice of system will depend on the child's physical abilities, language comprehension, and visual/perceptual ability.

The success of integrating young children who require communication aids depends on how well the device is accepted and used by the child and other children. Young children are quick to pick up alternative communication systems such as sign language, gesturing or communication boards. They are generally fascinated by technology and are usually eager to try using computers, voice synthesizers, etc. Augmentative communication aids should be used by staff and children as much as possible during the child's daily activities and to promote interaction. See Appendix C for specific suggestions to facilitate use of augmentative communication aids. Also, refer to Appendix D for a resource list of agencies that can help you design and/or select communication aids.

Interactions between children with and without special needs should be reciprocal, and should benefit both. Young children enjoy helping each other, and peer assistance is a natural part of the preschool environment. Staff should support and facilitate reciprocal social interactions while ensuring that one-way "tutor" relationships do not develop. It is important that children with special needs learn to help, too.

Developing A Curriculum Of Acceptance

Joshua, a five year old boy with Cerebral Palsy, was having his wheelchair serviced in the classroom. John, another five year old, was playing with the classroom tools and workbench. The adult working on the chair could not find one tool he needed. John approached him, offering his play tools and said, "We need to fix this right now so Josh can go on a walk with us."

A growing body of research demonstrates increased acceptance and understanding of children with challenging special needs by their peers as a result of integration (Stainback & Stainback, 1981; Taylor, 1982). Through integration, young children can be helped to become aware of and accept individual differences without making judgments about whether people are "better" or "worse" because of these differences.

Negative attitudes and assumptions about disabilities are often based on limited experience. Biklen (1985) found that a single experience is likely to result in a stereotyped perception of a disability. Young children's attitudes and opinions are formed based on first-hand knowledge or actual social experience. White (1980) found that acceptance of playmates with special needs is greatest during the preschool years. Garwood (1983) cited firm evidence that the earlier integration occurs, the greater the gains.

The fundamental principle in a curriculum of acceptance is that every person is a composite of both strengths and weaknesses. By acknowledging the existence of both within themselves, children with and without special needs may develop a realistic self-concept as well as the ability to focus on **capabilities** rather than disabilities.

Experiences can be planned to help children increase awareness and acceptance of individual differences. Children can develop understanding of their classmates who have special needs by participating in activities such as using a wheelchair, or experiencing how it feels to function in a non-seeing environment. Incorporating adaptive equipment such as prosthetics or braces into play experiences for all the children can help to lessen fears and increase acceptance. The classroom should include information on uniqueness and similarities of individuals, including books and other activities that are appropriately integrated into the curriculum.

While acceptance is an important first step, Lisbeth Vincent (1989) points out that:

"The issue is neither to tolerate nor to accept. The issue is to cherish, and the issue is to respect. And the issue is to recognize that each child is a unique individual that we have the opportunity to learn from, with whom we have the opportunity to be friends."

The step beyond acceptance is friendship between young children with and without special needs. Lisbeth Vincent relates a story about a severely handicapped child named Winslow. Winslow used a wheelchair and had a hearing impairment and a tracheotomy. He also happened to be an avid fan of the Denver Broncos:

"The first day he wore his Denver Broncos shirt, he had three new friends in the classroom who liked the Denver Broncos.....so the teacher wrote a note [asking his mother] to send Denver Broncos stuff in. Pretty soon Winslow was getting invited to birthday parties. Friendship with little kids is such an easy piece. It is one that we have so much control over, if we take some time with typical kids, we can give them the skills to foster those friendships. We can also give kids with disabilities skills to foster friendships."

Lisbeth Vincent (1989)

III. PROGRAM EVALUATION

"If you don't have a direction, you keep going around in circles."

Marilyn Monroe in "Bus Stop" by William Inge

Strong programs have a written philosophy that specifies the mission of the program, the values and beliefs that drive program practice, and the long and short-term goals. Ongoing evaluation of the overall program throughout the year by program staff in cooperation with the advisory board, families and other service providers is a critical part of the operation of a quality program.

Regular self-evaluation enables programs to ensure that programming meets the needs of the individual children and the group. Programs may wish to utilize the Chapter 188 Preschool Self-Assessment Tool developed by the Massachusetts Early Childhood Advisory Council to the State Board of Education. For a copy of this instrument, contact one of the offices of the Department of Education (Appendix F). The knowledge gained through self-evaluation is beneficial for the program itself, but beyond self-evaluation, the impact of integration should be documented and communicated to others for the benefit of the field of education in general. It is important for professionals involved in integrated programs to document how integration works and to assist in disseminating information supporting integration.

Because P.L. 99-457, the Education of the Handicapped Act Amendments of 1986, is a relatively new law and integration is a relatively new concept in the field of early childhood education, professionals need to document best practices as well as benefits and barriers to integration. It is essential that data be collected to determine where efforts need to be strengthened and refined. General program evaluation should focus on three primary areas: children, parents and staff or service providers. In each area, information should be gathered on rationale, a description of services, reactions and change within the program. Then, as information is disseminated to the public, the dissemination activities, impact on the audience and resulting changes should be documented. A framework in Appendix E outlines specific information which should be covered in general program evaluation.

CONCLUSION

Research indicates that several important things have been learned about the benefits of integration. First, that the quality of life for children who have been educated in the least restrictive environment in high quality programs is dramatically better than that of their peers who have not been offered that opportunity (Voeltz, 1984), and second, that educational outcomes (i.e., achievement, referrals, etc.) for students in an integrated setting often are significantly improved over those in a segregated setting (McDonnell & Hardman, 1989).

McDonnell & Hardman (1989) also note that the advantages of integrated programs have been achieved at equal or lower costs to school districts. While there may be additional costs related to staff development initially and on an ongoing basis, these may be offset by changes in staffing patterns, resulting in long-term savings and effective use of staff time. Evidence has been cited by Affleck et. al. (1988) and the U.S. Department of Education (1985 & 1987) regarding cost effectiveness of integrated programming.

Biklen (1990) presents a case for going beyond integration to "inclusion" which means people participating in families, schools, work places and in community life, stating:

"Inclusion" implies that people are welcomedthat each person reaches out to include another and that we appreciate each other, see each other's gifts, that we value being together."

Marsha Forest (1989) says:

".... It is now time to build inclusive communities where we can teach our nation to love as well as to read and write. We need most of all to believe fully and finally that ALL truly means ALL We need to shout this news from the rooftops - ALL CHILDREN NEED TO LEARN WITH AND FROM OTHER CHILDREN ALL CHILDREN NEED TO BELONG AND FEEL WANTED AND LOVED ALL CHILDREN NEED TO HAVE FUN AND ENJOY NOISE AND LAUGHTER IN THEIR LIVES ALL CHILDREN NEED TO TAKE RISKS AND FALL AND CRY AND GET HURT ALL CHILDREN NEED TO BE IN REAL FAMILIES AND REAL SCHOOLS AND REAL NEIGHBORHOODS."

The education of students with special needs should not be viewed as "special" or different from regular education. People are alike in some ways and different in some ways, but everyone has the same basic needs, and each person is unique. Acceptance of individual differences is a critical first step in developing an educational program for ALL children. Integration will enable children with special needs to be a part of the regular school environment so that they may learn to adapt to the real world and society that children will ultimately encounter when they leave the school environment.

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APPENDIX A

CONSIDERATIONS IN PLANNING FOR ASSESSMENT

- A meeting of the parents and team members prior to the actual assessment can provide team members with an opportunity to share information and form a global picture of the child and family and help to ease parental apprehensions. During the assessment, parents may be able to suggest ways to motivate the child.
- Teachers must be involved in the team meeting if they are to fully implement the resulting IEP. While it is often difficult for a teacher to leave class, administrators should consider this a critical element in the teacher's responsibility and provide for substitute coverage for assessment meetings or schedule meetings during a teacher's preparation time.
- Observation should be included as an integral part of the assessment process.
- The assessment instrument should be both developmentally and age-appropriate. The individual needs, abilities and disabilities must be considered (i.e. visual or auditory disability; physical stamina, etc.), and the instrument matched to the child's ability to participate. Adaptations may need to be made in available tests such as changing the manner in which the child is asked to respond to fit the child's ability to respond or selecting appropriate items from several tests in order to compile a complete picture of a student's functioning.
- The assessment instrument, if standardized, should have a high level of reliability and validity, should be free from cultural and linguistic bias, and should have been standardized on a representative population of children .
- The facilitator(s) selected to administer the assessment should be familiar with a variety of assessment instruments, should be knowledgeable and experienced in early childhood development, and should have a working knowledge of the individual child beyond formal assessment (e.g., classroom observations, personal interviews, current and family situations). In this way, the facilitator can determine when and if modifications in the testing situation may be beneficial (such as interjecting an easy task in the midst of a series of more difficult tasks).
- The assessment should include measurements of personal/social skills.
- The team must be aware of and follow mandated requirements for obtaining assessment results. Chapter 766 mandates that all assessments must be completed within 30 school working days from the date the parent signs the consent*.
- Following the assessment process, parents and team members should meet to share their findings and recommendations. Programming choices should be reviewed by the family in order to create the best match between the needs of the child and family and the available options.

- Tests should be selected to ensure that when administered to children with sensory, manual, or speaking impairments, the results accurately reflect children's aptitude or achievement levels (or whatever is being measured), rather than reflecting children's impairments (except where the impairment is the factor being measured).

* A Guide to Chapter 766: Special Education Services for Children and Youth (1988). Massachusetts Department of Education. This publication is available through the offices of the Massachusetts Department of Education (Appendix F).

APPENDIX B
CHECKLIST FOR DEVELOPMENTALLY APPROPRIATE INTEGRATED SETTINGS
FOR EARLY CHILDHOOD

Early childhood programs should be guided by the principles of developmentally appropriate programming found in the Chapter 188 Early Childhood Standards for Programs for Three- and Four-Year Olds (Massachusetts Department of Education, 1988) and Developmentally Appropriate Practice in Early Childhood Programs Serving Children From Birth Through Age 8 (NAEYC, 1987). The checklist below may assist practitioners in focusing on specific issues which may develop as children with special needs are integrated in regular education classrooms. This checklist should be used as a supplement to the Chapter 188 Early Childhood Standards. Copies of the Standards are available through the offices of the Department of Education (Appendix F).

1. _____ Classroom space, doorways, bathrooms and sinks as well as outdoor play space are accessible and allow children who need a variety of adaptive equipment (wheelchairs, walkers, etc.) to participate in activities without being restricted.
2. _____ Indoor and outdoor space are free of abrupt changes in levels such as steps or curbs. In addition, surfaces are manageable for children to negotiate independently using adaptive equipment.
3. _____ The arrangement of furniture, equipment and materials fosters cooperative play and interaction among children. (i.e., single entrance spaces tend to promote exclusionary behavior; sand and water tables placed against a wall result in minimal eye contact and less direct interaction; small tables in a manipulative area tend to limit interaction.)
4. _____ Physical development is recognized as particularly important for children with special needs. Many opportunities are provided to gain strength and coordination in both gross and fine motor skills. Children are encouraged to explore and extend their abilities.
5. _____ Auditory and tactile cues (labels and visual aids) which are simple and uncluttered are used to structure the room and define various areas and the location of materials in each area for children with visual disabilities (e.g., picture cards of daily routines, charts, etc.).
6. _____ Sound absorbent materials are used (rugs, ceiling tiles) to lessen the level of distracting noises for children who have hearing loss and/or visual disabilities.
7. _____ Materials have a specific place so that once children have learned where a material is stored, they can easily find it. Also, changes in room environment are kept to a minimum. These are of particular importance for children who have visual disabilities.
8. _____ The daily routine follows a consistent general pattern, providing security and enabling children to know what to expect.
9. _____ Extra time is allotted between activities as necessary, since transitions may be particularly difficult for children with certain types of special needs.

- 10._____ Social and emotional development activities are seen as important and are incorporated into the curriculum. Children are encouraged to ask questions and to express their needs and feelings. All children are encouraged to play together and to take leadership roles.
- 11._____ Children with special needs are woven into the pattern of the class in a positive way, emphasizing mutual contribution and cooperation and developing independence. All children are encouraged to be cooperative members of the group and to participate in all group decisions.
- 12._____ Individual Education Plan (IEP) goals are incorporated within regular (meaningful) classroom activities rather than focusing on isolated skill development.
- 13._____ Children are encouraged to develop self-reliance and make individual decisions regarding use of materials and equipment and about their participation in activities.
- 14._____ Children are encouraged (and assisted where necessary) to attempt all activities. They are encouraged to try first, then ask for help if needed (some children may have difficulty asking for help). Adults ask if a child would like assistance before intervening.
- 15._____ Creativity is valued and efforts are made to capitalize on children's imaginative and expressive thinking. Staff stimulate children's curiosity by sharing information, raising questions and provoking experimentation in a wide variety of ways.
- 16._____ Children with and without special needs are actively involved; the program allows for a variety of learning styles and provides equipment, materials and activities which are appropriate and challenging for children functioning at a wide range of developmental levels.
- 17._____ Opportunities are available for adaptation of regular activities to children's particular needs (for example, a child with visual disabilities has the opportunity to participate in "matching" activities through tactile or auditory rather than visual discrimination).
- 18._____ Sensory awareness is stimulated as fully as possible through play (activities are provided which help children become aware of size, shape, texture and physical arrangement of materials), particularly for children with visual or hearing disabilities.
- 19._____ Materials that could be dangerous for children who are functioning at infant or toddler levels are inaccessible (for example, small objects they might put in their mouths).
- 20._____ Many opportunities are available for communication, either verbally or through alternative communication systems. Staff (and classmates) are familiar with each child's communication system. Staff and peers are learning to sign if they don't already know how.
- 21._____ Gestures and other non-verbal communication are accepted as valid forms of communication.

- 22.____ Direct visual contact with peers and staff is promoted for children who have hearing loss to facilitate lipreading.
- 23.____ Developmentally appropriate limits and guidelines for behavior have been established and are communicated clearly and consistently to children. Children's ability to interact with others and follow directions are taken into account in enforcing classroom limits.
- 24.____ Behavior reminders and statements are given in advance of activities.
- 25.____ Children are assisted to express feelings appropriately and to develop inner controls.
- 26.____ Children are observed and evaluated on an ongoing basis to determine ability and interest levels in physical, intellectual and social-emotional areas. Information gained is utilized by addressing children's special talents as well as areas of difficulty.

APPENDIX C

SUGGESTIONS TO FACILITATE THE USE OF AUGMENTATIVE COMMUNICATION AIDS

- Choose the technology that best meets the needs of the child, even if it requires training for staff. One of the most difficult barriers to overcome is that of training adults in the use of unfamiliar equipment. Fortunately, technology is becoming a part of our culture and is no longer as forbidding as it once was.
- Create special opportunities for children to practice using their communication aids. A structured daily group or "circle" time is usually part of the early childhood routine, and may allow a child the time to show off the ability to communicate with an augmentative aid. Dramatic productions, role playing or skits may give the child an opportunity to use his/her communication device. Snack and mealtimes also present excellent natural environments for practicing social interactions using the augmentative aid.
- Make computers available to the whole class for a variety of activities. If possible, incorporate a computer activity (a game or readiness activity) as a choice during free play time. The activity must be made accessible to disabled students through the use of appropriate switches or other adaptations. The services of a special technological resource person may be utilized for this purpose (list may be found in Appendix D).
- Teach all children and adults how to be communication partners with students using augmentative communication aids. Children will enjoy the opportunity to communicate in a non-verbal way, and will develop an appreciation for the difficulty of mastering an alternative to speech.
- Train classroom staff in the use of computers and communication aids so that they are comfortable with them. Encourage staff to learn about alternative communication from school specialists as well as from workshops and courses outside of school.
- Work with parents and other family members in increasing the natural uses of the communication aid. Be open to suggestions from parents, and sensitive to the needs and routines of the family.

APPENDIX D

SPECIAL TECHNOLOGY RESOURCES

Organization: C A S T
Contact: Claudia Soucy
Street: 39 Cross Street
City: Peabody
State: MA 01960
Phone: (508) 531-8555
Specialty: Evaluation, training: Computer access; all ages

Organization: COMMUNICATION ENHANCEMENT CENTER
Contact: Diane M. Spies
Street: Children Hospital Medical Center
Fegan Plaza, 300 Longwood Ave.
City: Boston
State: MA 02115
Phone: (617) 735-8391
Specialty: Augmentative Communication

Organization: DISABLED SPECIAL NEEDS USERS' GROUP
Contact: Charles Silverman, Coordinator
Street: 1 Center Plaza
City: Boston
State: MA 02108
Phone: (617) 367-8080
Specialty: Demonstration of adaptive hardware, software

Organization: M A S T A C
Contact: Kathy Huggins
Street: P.O. Box J
City: Bedford,
State: MA 01730
Phone: (617) 275-2446
Specialty: Access Information Center

Organization: MEETING STREET SCHOOL
Contact: Dick Litton, SLP, CCC
Title: Coordinator, Adaptive Equipment Clinic
Street: 667 Waterman Ave.
City: East Providence
State: Rhode Island
Phone: (401) 438-5922
Specialty: Assessment, training in use of technology

APPENDIX E

PROGRAM EVALUATION DOCUMENTATION

A. SERVICES FOR CHILDREN

Rationale

- Document the rationale upon which the program is based

Description

- Document the criteria for selection of children
- Describe children
- Document the existence, implementation and results of an IEP for each child with special needs enrolled in the program
- Document the services that were provided for children
- Document the extent to which the stated goals and objectives were realized
- Document other benefits

Reaction

- Document the parents' degrees of satisfaction and/or their reaction to services for their children

Change

- Document the progress of children in areas of intended impact, using the most reliable and valid measures available.

B. SERVICES FOR PARENTS

Rationale

- Document the rationale for services for parents

Description

- Describe the services that were provided for parents
- Document the extent to which goals and objectives for parents were attained

Reaction

- Document the parents' reactions to the program

Change

- Document changes in parent knowledge and/or behavior during and after participation in the program

C. STAFF DEVELOPMENT ACTIVITIES

Rationale

- Document the rationale for the specified staff roles needed to carry out program activities
- Document the existing staff development needs upon which the staff development program is to be based

Description

- Document the responsibilities of the staff and their particular training and experience for these responsibilities
- Document staff development activities
- Document staff involvement in staff development activities
- Document the extent to which stated goals and objectives for staff development were attained

Reaction

- Document the staff's reaction to the staff development activities in which they participated

Reaction

- Document the staff's reaction to the staff development activities in which they participated
- Document other people's reactions to the staff in areas targeted for staff development

Change

- Document changes in staff members' knowledge, competencies and/or behavior after participation in the staff development program

D. DISSEMINATION ACTIVITIES

- Specify the target audience(s)
- Specify which evaluation components or products are to be disseminated
- **DESCRIBE** dissemination activities
- Document extent to which goals and objectives were attained
- Document the **REACTIONS** of the dissemination audiences as appropriate for specific activities
- Document **CHANGE** in knowledge or action of dissemination audiences as appropriate for specific activities

APPENDIX F

ORGANIZATIONS AND AGENCIES

For additional information on organizations concerned with specific disabilities, contact the Information Center for Individuals with Disabilities (ICID) toll-free at (800) 462-5015. The Information Center is run by New England INDEX and maintains an up-to-date computerized databank of resources for disabilities.

A list of state and private agencies and organizations related to special needs, advocacy and legal assistance is included in the resource supplement to this paper, Resources for Integrating Young Children with Special Needs. Copies of this document are available through the offices of the Department of Education listed below.

MASSACHUSETTS DEPARTMENT OF EDUCATION

Central Office

1385 Hancock Street
Quincy, MA 02169
Early Childhood (617) 770-7566

Service Delivery Centers

Central Mass. Service Delivery Center

Route 140
West Boylston, MA 01583
(508) 835-6266

Eastern Mass Service Delivery Center

1385 Hancock Street
Quincy, MA 02169
Early Childhood (617) 770-7299

Western Mass. Service Delivery Center

Macek Drive
Chicopee, MA 01013
(413) 594-8511

Private preschool programs are licensed by the Massachusetts Office for Children. Listings of Regional Offices and information on local programs may be obtained by contacting the main office, below:

MASSACHUSETTS OFFICE FOR CHILDREN

Central Office

Ten West Street, 5th Floor
Boston, MA 02111
(617) 727-8900
(Call for listings of Regional Offices)

